

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-017876

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4652

STATE FILE NUMBER

FILED MAY 9 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Washington	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Potosi	
Length of stay in lb 12 Hrs.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist		d. STREET ADDRESS (If outside, give location) Box 97	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Eugene Debs Lewis			4. DATE OF DEATH Month April Day 25 Year 1963		
5. SEX Male	6. COLOR OR RACE Cau.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/18/08	9. AGE (last birthday) 54	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shovel Bpr.		10b. KIND OF BUSINESS OR INDUSTRY Lead Mines		11. BIRTHPLACE (City and state or country) Bixby, Mo.	
12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Marquis Lewis		13b. MOTHER'S MAIDEN NAME Margaret Barton		14. NAME OF HUSBAND OR WIFE Hazel Allen Lewis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Hazel Lewis	
				Address Potosi, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction DUE TO (b) Arteriosclerotic HD DUE TO (c) 4200		INTERVAL BETWEEN ONSET AND DEATH 24 Hrs (?)
--	--	---

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
---	--	--	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
---	---	--

20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
---------------------------------------	--	--	------------------------------	--------	-------

21. I attended the deceased from April 24, 1963 to April 25, 1963 and last saw him alive on 4/25/63 Death occurred at 2 A m on the date stated above, and to the best of my knowledge, from the causes stated.	
---	--

22a. SIGNATURE J. Shakadana	(Degree or title)	22b. ADDRESS 950 Francis Pl.	22c. DATE SIGNED 4/29/63
-----------------------------	-------------------	------------------------------	--------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Apr 29, 1963	23c. NAME OF CEMETERY OR CREMATORY Sunset Hills	23d. LOCATION (City, town, or county) Potosi, Mo.
---	------------------------	---	---

24. FUNERAL DIRECTOR Gum & Son	25. DATE RECD. BY LOCAL REG. APR 29 1963	26. REGISTRAR'S SIGNATURE Road Smith, M.D.
--------------------------------	--	--

25. DATE RECD. BY LOCAL REG. APR 29 1963	26. REGISTRAR'S SIGNATURE Road Smith, M.D.
--	--

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

68

MAY 13 1963

MAY 22 1963

MAY 28 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William H. Green

Licensed Embalmer No. 5155

P. O. Address Potosi, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.